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ABSTRACT

Discussed is the use of The Adaptive Behavior Checklist (ABCL) in assessing the functioning level of retarded persons and helping to develop individualized curricula. Advantages of The ABCL are seen to include ease of administration and modification as the child progressed, and the ability of close contact personnel to give and interpret assessment findings. Examples are provided of a hypothetical 6-year-old physically handicapped child's performance on ABCL primary skill items, and suggestions are made for devising remediation activites. It is noted that ABCL may be used in conjunction with existing developmental curricula, such as the Behavioral Characteristics Progression. (CL)

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ADAPTIVE BEHAVIOR CHECKLIST (ABCL): A FOUNDATION FOR BUILDING AN INDIVIDUALIZED CURRICULUM.

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> Because the teacher spends more time with the child than any diagnostician, the teacher's judgement, based upon observation and formal and informal measures, should be respected and considered as an invaluable asset to any educational team effort. No instructional strategy should be designed without the input of the teacher and no assessment should occur outside of the situation in which the child is found. Therefore, teachers should be actively engaged in the decision making process of establishing educational programs for exceptional children. It has been demonstrated that if teachers are not integrally involved in developing educational plans, they seldom value or follow such plans. (Kaufman, M., Agard, J.A. & Semmel, M.I., 1973 as referred to by Gillespie & Sitko, 1976, 401.)

In response to a long-felt, if not widely acknowledged need, Martin N. Levine, of the Sunland Training Center, Miami, Florida, working with other professionals (Allen, Alker, Levine, and Loeffler, 1975; Allen, Cortazzo, and Adamo, 1970; Allen, Loeffler, Levine and Alker, 1976; Levine, 1976; Levine, Allen, and Ferris, 1974;) has developed a simple yet extremely effective assessment instrument, the Adaptive Behavior Checklist (ABCL) which can be administered by those persons who deal directly with retardates on the practical level in classrooms and institutions. The ABCL, focusing on social adaptive behavior, minimizes sub-

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jectivity through computerization and statistical treatment of results (Levine, 1976; Levine, Allen, and Ferris, 1974; Schwartz, Allen, and Cortazzo, 1974;).

The value of the ABCL is particularly evident in its practical applicability. The computer report generated by correlating the actual scores on the ABCL with other relevant data provides a viable basis for designing individualized programs; the general prescriptive suggesions which are a vital ingredient of the report can also be adapted to an existing program such as the Behavioral Characteristics Progression (BCP). Most important, the report can be understood and used by the same people who administer the ABCL, without relying on expert interpretation and assistance.

Assessment of the mentally retarded is generally done by a psychologist who must use instruments prescribed by the county, school system or institution; most often, these instruments are the WISC, the Stanford-Binet, and the Cattell's Infant Scale. When the test scores finally reach the close contact personnel (CCP), e.g. the classroom teacher or residential staff member, sometimes up to six months later, a breakdown of the subtest is rarely included. Even if it is, the CCP often lacks the back-

ground needed to interpret the subtests. In short, using the scores of the standardized tests as a basis for an individualized curriculum frequently lies beyond the scope of close contact personnel.

Reasons for the prevalence of standardized tests abound: to satisfy requirements for funding, to facilitate initial class placement for special students, to update records, to determine growth, and--one hopes--to justify returning many special students to "regular" classes. But it is the CCP who must deal directly with the children, and results of standardized tests provide little assistance in this day-to-day activity.

What is needed, obviously, is a method by which the close contact personnel can make informal assessments of a child's functioning in the various areas of curriculum. The two most important criteria for such a method are ease of administration and applicability to the development of an individualized curriculum.

The ABCL more than meets both criteria; it provides a means for assessing the retarded person's competency in terms of activities associated with daily living and it can be easily administered by individuals who deal with the retarded person in precisely that

area. This means that the ABCL can serve as the foundation for programs, in institutions and schools, which can help develop the skills the children must have in order to survive not only in the sheltered settings of classroom and workshop but also in the world they are being trained to enter.

Those working most closely with the residents of an institution frequently have the poorest educational background. They may well have their jobs, however, because of their ability to relate to the residents. In many ways, their relationship with the residents resembles that of parent and child. Their opinions are therefore of great importance. These people can easily learn to administer the ABCL, using their own perceptions of the residents' behavior as the criteria for evaluation.

This last point merits attention, since temporal restrictions are a major consideration. Close contact personnel have little time to be trained in administering the assessment instrument and even less time to do the evaluations. The ABCL takes approximately fifteen minutes to complete; the directions for its administration are succint and simple (Levine, 1975):

> The Revised Adaptive Behavior Checklist (ABC^L) is an easily administered rating form in which the behaviors of mentally retarded persons are

assessed 3,2, or 1 by creditable and knowledgeable informants. In the pages that follow you will be given the opportunity to describe some of the ways your client acts in different situations. To assist in making your ratings accurate please consider the following suggestions;

1. Select only the ONE STATEMENT that best describes the individual,

2. Allow sufficient time to complete all items of the Checklist,

3. Review all items as well as their alternative choices before rating a client, and

4. Complete all items for each client. In cases where insufficient information is available leave the item(s) blank until accurate information can be obtained. DO NOT GUESS.

Restricting the number of possibilities to three for each item, allowing for insufficient data, and liminating guesswork minimize errors of judgement and interpretation. Further, close contact personnel unquestionably qualify as "creditable and knowledgeable informants."

A brief analysis of two items illustrates the manner in which the ABCL functions (ABCL,3).

8) WASHES HAND AND FACE IN AN ACCEPTABLE WAY: Select the ONE STATEMENT that best describes the person's level of washing.

__3. Washes hands and face with soap.
__2. Washes hands and face with water with help.
__1. Does not wash hands and face; has to be washed.

9) PREPARES AND TAKES BATH OR SHOWER UNAIDED: Select the ONE STATEMENT that best describes the person's level of bathing.

__3. Bathes and dries self alone.
__2 Attempts to bathe self but needs supervision.
__1. Does not cooperate in taking bath or shower.

A rating of 3 generally connotes the highest level of competence in a particular skill; a rating of 1 connotes the lowest level of competence in terms of the ABCL criteria. In the simplest terms, responses to these two items can be interprettd in the following manner.

In Item 8, a rating of 3 indicates that the subject, without direct assistance, can wash his hands and face with soap. A rating of 1 means that the subject is having his hands and face washed by a parent or attendant. If the subject is rated a 2, further observation is needed to determine where on the continuum he is operating towards mastery of the particular skill.

Item 9, dealing with bathing skill, works in much the same way If 3 is checked, the subject has completely mastered the skill; a rating of 2 means that the subject is somewhere on the continuum leading towards mastery of the skill; if the subject is rated as 1, he is at the beginning of the road to mastery.

After the entire ABCL has been administered, the resultant

information is fed into a computer, which produces a print-out, a report assessing the subject's adaptive behavior skills, as indicated by the ABCL. The report also includes other relevant information; e.g.,under the heading "Qualifications," it might be noted that the subject's use of his limbs is severely or completely impaired.

Next in the report, one finds "Prescriptive Recommendations," based primarily upon analysis of the data provided by the Checklist but taking into account the aforementioned qualifications. That is, the recommendations will be applicable to educational programs but may also suggest physical therapy and consultations with appropriate medical personnel. The recommendations are merely listed and do not, in themselves, constitute a recommended program. For example, it might be suggested that the teacher or other CCP develop a program aimed at teaching skills related to personal cleanliness, dressing and undressing, and typing and untying.

The report goes on to provide a listing of specific information, broken down into the three categories of basic, primary, and secondary functions, with a brief evaluation for each category. It is this information which can serve as the foundation for build-

ing an individualized curriculum. On the level of basic functions, for instance, the hypothetical subject may need to be fed although he can use his fingers for eating; he can chew solid food but is a messy eater. These data, plus the facts of his physical limitations, will already have been subsumed in the earlier recommendations, i.e., it will have been stated that a program designed to improve skills and habits related to self-feeding should be instituted but that, in view of the subject's physical limitations, attention should not be restricted to related motor functions but should also be paid to possible modifications of routine and/or equipment. In practice, this might mean that the subject should be provided with an eating utensil having a large handle or a moveable spoon part; he might need to be placed in a special chair with an arm sling to assist him in developing his eating skills.

Under basic functions, the close contact personnel might find information to the effect that the subject is neat, clean, and appropriately clothed. Having already discovered that the subject is physically handicapped and has no controlled movements when dressing or performing other activities, the CCP can therefore conclude that he is neat and clean because someone else

has dressed him, and that further observations regarding this skill are needed. Perhaps his acquisition of the skill can be facilitated if his clothing is adapted to his limitations by substituting sticky tape for buttons, hooks and snaps.

In the category of primary functions, the report might state that the subject's expressive vocabulary consists of less than ten words. The CCP might devise a program based on the sounds the subject has already mastered and designed to enlarge his expressive vocabulary in the light of his individual needs. The CCP also knows that the subject is a six-year-old child who lives in an institution, and might therefore plan a curriculum which will develop more receptive language. Further, if the report states that the child is unable to comprehend simple number concepts, the CCP might decide to include in the curriculum such discrimination activities as shapes, color, big and little. likes and dislikes, before attempting to deal with the more abstract and complex problem of number concepts.

Still in the area of primary functions, the report might contain the information that the child has begun to comprehend time relationships and already knows "morning" and "afternoon". The

CCP might structure the curriculum by first teaching the next logical item in the partially learned sequence, i.e. "evening," and then going on to the concept of "days"--each "morning" means the beginning of another "day," getting up in the "morning" means that it is a new "day," and each new day has a name of its own.

It is fairly obvious that a child who has the severe limitations already mentioned will be rated 1 on the level of secondary functions, such as cleaning, cooking, and working at a job The report would itemize these, but the close contact personnel might well ignore them in designing the first individualized curriculum, since they would not be immediately important. Once the subject has shown marked improvement on the basic and primary levels, the ABCL would be readministered; at this point, the CCP would re-examine the child's performance at the secondary function level, as reported in the computer print-out, and a new curriculum could then be designed which would take the changes into account.

Even this brief discussion makes it fairly obvious that the ABCL can provide extraordinary assistance in designing an individualized curriculum, but its value goes beyond that. The ABCL can serve with equal effectiveness when used in conjunction with

a curriculum already being employed. A good example is the BCP or Behavioral Characteristics Progression, developed by Santa Cruz County in California and currently in use at the Sunland Training Center of Miami. In the BCP, 59 behavior areas--e.g., health, drinking, toileting, grooming--are charted on developmental strands using a 50-item continuum. Figure 1, below, shows the single strand for FEEDING/EATING.

Using the print-out report based on the ABCL, one can determine fairly precisely where on the continuum the child falls; he may have successfully completed the strand, he may be at the very beginning of the continuum, or he may be somewhere en route to mastering the skills involved. For example, when one applies the information from the report already discussed, the hypothetical six-year-old can be seen to have reached a point on the FEEDING/EATING strand somewhere between blocks 11 and 17. That is, the child can probably grasp finger foods offered by an adult, carry these foods to his mouth, and bite off smaller pieces. The advantages of integrating the ABCL and the BCP are immediately apparent and require no further discussion here. It should be mentioned, however, that the ABCL can function as effectively when used with other developmental curricula.

Figure 1

BEHAVIOR CHARACTERISTICS PROGRESSION

	IDENTIFYING BEHAVIORS	1.0	2.0	3.0	4.0	5.0
3 FEEDING/ EATING	○ Eats only blended or strained foods ○ Thrusts food out of mouth w/tongue ○ Gags on foods ○ Sucks food instead of chewing it ○ Bites down on spoon when inserted into mouth ○ Chews foods only partially before swallowing ○ Swallows foods w/out chewing them ○ Chews in other than rotary motion ○ Takes lg. pieces of food into mouth w/out biting ○ Eats w/fingers ○ Crumbles food in hand when finger feeding ○ Drools while eating ○ Spits out food ○ Holds spoon/fork in fist rather than fingers	Opens mouth when physically stimulated by spoon held by another.	Opens mouth voluntarily at the sight of food	Removes semi-liquid food from spoon with mouth when being fed--some rejection.	Removes semi-liquid food from spoon with lips when being fed--some rejection.	Allows spoon to be removed from mouth.

6.0	7.0	8.0	9.0	10.0	11.0	12.0	13.0	14.0	15.0	16.0
Removes semi-solid food from spoon with mouth when being fed--some rejection.	Removes semi-solid food from spoon with lips when being fed--some rejection.	Retains all semi-solid and semi-liquid food from spoon w/out spitting, drooling.	Moves food in mouth with tongue.	Squeezes, smears pieces of finger food.	Eats pieces of finger food when offered by adult.	Holds finger foods.	Grasps finger foods offered by adult and carries them to mouth.	Reaches for finger foods and carries them to mouth.	Separates finger foods by hand--pulls off pieces.	Separates finger foods by mouth--bites off pieces.

17.0	18.0	19.0	20.0	21.0	22.0	23.0	24.0	25.0	26.0	27.0
Carries finger foods to mouth and bites off smaller pieces.	Swallows one bite of finger food before adding more to mouth.	Bites off appropriate size pieces of finger foods using teeth.	Reaches for spoon when being fed.	Grasps spoon in fist.	Rubs spoon across plate and licks spoon.	Chews and swallows semi-solid food. Jaw motion begins.	Chews and swallows pieces of finger food. Chews in rotary motion.	Brings fist-held spoon to mouth. Inserts spoon.	Fills fist-held spoon.	Fills fist-held spoon, inserts spoon in mouth, turns spoon in mouth.

28.0	29.0	30.0	31.0	32.0	33.0	34.0	35.0	36.0	37.0	38.0
Fills fist-held spoon and inserts spoon in mouth without turning.	Eats, holding spoon in fist--some spilling.	Eats, holding spoon in fingers w/more than one finger independent of palm and palm up.	Uses spoon held in fingers with precision: separates large-sized foods, eats liquids.	Directs spoon held in fingers to mouth--some spilling.	Eats holding fork in fist with spilling.	Eats holding fork in fingers in standard position--some spilling	Uses fork held in fingers with precision: separates foods, dips into foods, spears foods.	Directs fork held in fingers to mouth--some spilling	Directs food on spoon/fork into mouth without dropping any on way to mouth.	Fills spoon/fork with one mouthful of food at a time.

39.0	40.0	41.0	42.0	43.0	44.0	45.0	46.0	47.0	48.0	49.0	50.0
Swallows food in mouth before taking another bite.	Chews food thoroughly before swallowing.	Uses spoon for liquids and semi-solids; uses fork for solids.	Serves self at table	Spreads with knife (e.g., butter, jam)	Cuts with knife.	Cuts with knife and fork.	Prepares foods for eating (e.g., peels banana, cracks hard-boiled egg, etc.).	Opens containers. Removes foods. Unwraps foods (e.g., opens lunch pail).	Carries own tray through serving line.	Serves self in cafeteria.	Manages to eat different types of foods: liquids, crisp foods, slippery foods.

The importance of an individualized curriculum in promoting the greatest possible growth in adaptive behavior has received the attention it deserves; President Ford has recently signed into law the S-6 bill which will recommend if not mandate than an individual prescription be designed for each child enrolled in a special education program and that this prescription be updated several times per year. The vital role of an assessment instrument such as the ABCL, with its clarity, precision, adaptability, and ease of administration, in providing practical and immediate help in this endeavor cannot be overemphasized.

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